

CHECKLIST FOR HIV PARTNER SERVICES REQUIREMENTS IN CALIFORNIA

Applies to services not performed by a public health agency

SIDE ONE

A. Signed consent for referral of partner services to local public health*

I hereby give my permission for my physician, or physician assistant, to request assistance from the local public health agency assigned to partner services. Such assistance may include interviewing me about persons who might have become exposed to HIV infection, and then attempting to locate and notify any such persons about possible HIV exposure and the need for HIV testing, counseling, other services as indicated. I have been assured that I will not be named or identified during any such notifications.

Signature of Patient: _____ Date: _____

(Note: Consent not required when referral occurs at the time of HIV reporting to public health. Names and contact information of suspected partners may also be reported to public health without consent, if source patient is not identified.)

B. Interview with patient if physician/assistant wishes to perform partner services rather than referring to public health*

- 1. Positive HIV test results have been discussed with the patient.
- 2. Appropriate educational and psychological counseling has been offered
- 3. Patient has been asked for permission for physician/assistant to notify partners.
 - a. Patient agrees to give such permission:

Signed consent for notification of partners

I hereby give permission for my physician, or physician assistant, to notify my spouse or sexual or needle-sharing partners that they might have become exposed to HIV. I have been assured that I will not be named or identified during any such notifications.

Signature of Patient: _____ Date: _____

- b. Patient declines to give permission for notifying partners, but has been informed that physician or physician assistant intends to notify such partners, without naming or identifying the patient.

Signature of Medical Care Provider: _____ **Date:** _____

* Pursuant to Health and Safety Code, Section 121015, as amended effective 1/1/2012.

ALSO COMPLETE SIDE TWO IF PARTNERS ARE NOTIFIED BY PROVIDER

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SIDE TWO

(Note: A separate copy of this side should be completed for each partner notified. Partner should not see parts A and B or any other document identifying the source patient.)

C. Documentation of Notification, Referral, and Counseling of Suspected Partner*

Name of person to be notified: _____

Contact information for person to be notified (phone, address, e-mail, where can be found, etc.):

1. Above person was notified that s/he has been named as a partner by someone with HIV and might have been exposed to the risk of HIV infection.

NOTE: If partner is notified of exposure, law requires that items 3 or 4, item 5, and item 6 if indicated, also be performed. Law also requires that the source patient may not be named and that identifying information may not be provided, which may be explained as per item 2.

2. Person was notified that the law prohibits naming or identifying whom s/he may have been exposed to.
3. Counseling about the significance of HIV exposure was provided.
4. Person was referred for counseling about the significance of HIV exposure.
5. If person is not already aware of being HIV positive, s/he was urged to obtain HIV testing and was referred for testing.
6. Person was referred for any other indicated follow-up.

Comments: _____

Signature of Medical Care Provider: _____ **Date:** _____

* Pursuant to Health and Safety Code, Section 121015, as amended effective 1/1/2012.

(Beyond AIDS/Foundation assume no liability for usage, see . www.beyondaids.org/helpforca.html)